DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 100111233-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and

joint inventor (if plur patent is sought on t		s are listed below) of the	e subject matter whi	ch is claimed a	nd for which a		
System And Method For Determining Connectivity Of Nets In A Hierarchical Circuit Designs							
the specification of v	vhich is a	attached hereto unless th	e following box is ch	ecked:			
·	of which is attached hereto unless the following box is checked: on as US Application No. or PCT International Application						
		and was amende					
							
including the claims,	as amei	viewed and understood nded by any amendmen is material to patentabili	t(s) referred to above	e. I acknowled	d specification, lge the duty to		
Foreign Application(s) and	or Claim o	f Foreign Priority					
inventor(s) certificate liste	d below an	ts under Title 35, United State of have also identified below a ation on which priority is claim	ny foreign application for				
COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED U	INDER 35 U.S.C. 119		
				YES:	NO:		
				YES:	NO:		
Provisional Application		 					
I hereby claim the benefit below:	under Title	e 35, United States Code Sect	tion 119(e) of any United	States provisional	application(s) listed		
DEIOVV.	ı	APPLICATION NUMBER	FILING DATE				
		AT EIGHTON NOMBEN					
U. S. Priority Claim	L			_]			
I hereby claim the benefit	under Title	e 35, United States Code, Sec	ction 120 of any United S	States application(s) listed below and,		
		of the claims of this application of Title 35, United States					
information as defined in 1	litle 37, Co	de of Federal Regulations, Sec	tion 1.56(a) which occurr	ed between the filir	o disclose material ag date of the prior		
application and the nations	al or PCT in	ternational filing date of this ap	oplication:				
APPLICATION NUMB	ER	FILING DATE	STATUS (pa	atented/pending/abandone	d) .		
				-			
POWER OF ATTORNEY:		·					
		oint the following attorney(s): Office connected therewith:	and/or agent(s) to prose	cute this applicatio	n and transact all		
			Place Customer	1			
Custome	er Number	022879	Number Bar Code	j			
			Label here	j 			
Send Correspondence HEWLETT-PACKARD (Direct Telephone	e Calls To:			
Intellectual Property Administration		n	William P. O'Meara				
P.O. Box 272400 Fort Collins, Colorado 80527-240		00	(970) 898-7917		į		
I hereby declare that	all state	ments made herein of m	ny own knowledge a	re true and that	all statements		
with the knowledge	that w	lief are believed to be t illful false statements a	rue; and turther that and the like so mad	: tnese stateme de are nunisha	his were made		
imprisonment, or bot	h, under	Section 1001 of Title 1	8 of the United Sta	tes Code and ti	hat such willful		
false statements may	jeopardi	ze the validity of the app	lication or any paten	t issued thereor	l.		
Full Name of Inventor: S. Brandon Keller			Citizenship: United Stat s				
Residence:	Residence: 3808 Mountain View Drive, Evans, Colorado 80620						
Post Office Address:	Post Office Address: 3808 M untain View Drive, Evans, C lorado 80620						
S.DJK	D. D. Jiel			8/20/03			
Inventor's Signature			Date				

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (c ntinu d)

ATTORNEY DOCKET NO. 100111233-1

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Inventor's Signature	Pennis Kozen	<u>4</u>)30/0	23		
Full Name of # 3 joint inventor:	George Harold Robbert		Citizenship: United States		
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Inventor-s Signature	A Hand My Va	Date	20/03		
/					
Full Name of # 4 joint inventor:			Citizenship:		
Residence:		·			
Post Office Address:					
Inventor's Signature		Date			
Full Name of # 5 joint inventor:	-		Citizenship:		
Residence:					
Post Office Address:					
Inventor's Signature		Date			
Full Name of # 6 joint inventor	:		Citizenship:		
Residence:					
Post Office Address:					
Inventor's Signature		Date			
Full Name of # 7 joint inventor	=		Citizenship:		
Residence:	- to the state of		and the same of th		
Post Office Address:					
Inventor's Signature		Date			
Full Name of # 8 joint inventor	r:		Citizenship:		
Residence:					
Post Office Address:					
Inventor's Signature		Date			